



BPA VACANCY ANNOUNCEMENT (#002737-04-MP)

U.S. DEPARTMENT OF ENERGY
BONNEVILLE POWER
ADMINISTRATION

POSITION(s): ELECTRICAL APPRENTICES -
Power System Electrician Apprentice, BB-2810
Lineman Apprentice, BB-2810
Substation Operator Apprentice, BB-5407

LOCATION(s):
Washington, Oregon, Montana, Idaho **(More than one selection will be made)**

OPENING DATE	CLOSING DATE	HOURLY PAY RATE(s)
9/27/04	11/19/04	\$20.91

WHO MAY APPLY: Career and Career Conditional Employees of Bonneville Power Administration, Transfer Eligibles, Reinstatement Eligibles, 30% or more Disabled Veterans, Veterans eligible to apply under VRA, Veterans eligible to apply under the Veterans Employment Act of 1998, and CTAP/ITCAP Eligibles.

WHAT WILL I BE DOING: Electrical apprentices are trained to perform a variety of tasks and duties associated with the operation, maintenance, and construction of high voltage electrical power system equipment and facilities. Apprentices receive on-the job training by working with journeyman of the trade in learning the various tasks, work procedures, and skills of the trade. In addition, apprentices receive classroom instruction in electrical theory, print and schematic drawings, and other topics associated with the particular trade. Apprentices receive progressively more difficult and complex tasks and work assignments as they gain skill and knowledge in the trade and are required to successfully demonstrate their skill level and knowledge at the end of each step of the program. Apprentices are required to work safely and follow safety procedures and guidelines.

Power System Electrician Apprentices are trained to perform a variety of tasks that typically involve the construction, installation, maintenance, and repair of high voltage power system electrical equipment. Maintenance tasks typically include the routine inspection, modification, installation, and troubleshooting of electrical equipment and facilities. The type of equipment maintained may be electrical, hydraulic, mechanical, pneumatic, and/or electronic. Apprentices work from sketches, drawings, blueprints, wiring diagrams, instruction books, and equipment manuals.

Lineman Apprentices are trained to maintain and construct high voltage wood pole and steel structure transmission lines. Apprentices receive training that includes, but is not limited to: climbing techniques and procedures; care and inspection of transmission structure hardware, tools, gear, and a variety of equipment (e.g., vehicles, bucket trucks, etc.); digging procedures; guying of pole structures; right-of-way maintenance procedures; rigging and handling of conductor; conductor splicing; steel tower erection, and other work techniques.

Substation Operator Apprentices are trained to operate high voltage power system equipment to remove and return substation equipment to service. Work tasks may include, but are not limited to: the review of station logs; checking equipment automatic logging devices, event recorders, and other devices for proper operation. Apprentices also read and analyze substation drawings, plan and perform switching procedures, tag equipment, and coordinate with power system dispatchers. In addition, apprentices read meters, instruments, gauges, and other equipment and maintain records; inspect switchyards and out-building for proper security.

NOTES/CONDITIONS OF EMPLOYMENT:

- In addition to the wage rate, BPA pays a supplement equal to 4.4% of the wage rate to permanent employees for each hour of straight-time wages that are paid.
- This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, please notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis.
- Candidates considered to be best qualified may be further evaluated by an interview with the Apprentice Craft Committee for the applicable craft(s).
- Selected employees will be required to pass a pre-employment physical examination and drug test at BPA's expense.
- In accordance with Department of Energy Order 3792.3, this position is subject to random drug testing. Failure to pass subsequent tests may result in disciplinary action, including removal from the Federal service.

- Upon successful completion of the apprentice program, management will determine duty station placement.
- Apprentices will be required to travel during their training program to gain experience.

APPRENTICE EXAMINATION INFORMATION (Please note changes from prior testing procedures):

The apprenticeship examination is a requirement for all applicants that pass the initial screening. **If you do not take this examination, you will be eliminated from further consideration for the position.** The examination will cover the following areas: high school level algebra and geometry; dexterity; arithmetic computations; ability to follow instructions and mechanical aptitude. The examination process will take approximately 4 hours. **If you have applied for more than one apprentice craft, you only need to take the examination one time (applicants will have only one opportunity to test).** You will receive a notice by mail if your complete application has been received and it has been determined that you are eligible to test. This notice will list all testing dates, locations and times. **Appointments will not be scheduled for testing; all eligible applicants may show up at the location and time of their choice and will be tested on a first-come, first-served basis, with a limit of 50 people per test session. You will be required to bring your eligibility notice with you to the test. (Applicants who travel to take the Apprentice Exam do so at their own expense).**

Apprentice exams are tentatively scheduled for 10/29, 11/6, 11/19, 12/3, and 12/4/04.

Special Conditions of Employment:

Apprentices are required to meet some or all of the following conditions:

- Participate in all training activities. Satisfactory completion of each step of training is mandatory for advancement.
- Positions that require unescorted access to a nuclear facility will be required to take annual radiation training.
- If exposed to health hazards, have periodic physical examinations.
- Follow BPA safety practices.
- Live within one-hour travel time of duty location.
- Obtain and maintain a Restricted Electrical Workers' permit.
- Obtain, possess and maintain a valid commercial driver's license.
- Obtain and maintain certification on equipment assigned to use or operate.
- Take First Aid training and possess and maintain a CPR card.
- Be available for call to work at any time.
- Be able to wear protective apparel.
- Apply restricted use pesticides if required.
- Satisfactorily complete the Standard Clearance Certification Examination.
- Be able to relocate as business needs dictate.

APPLICATION AND PROCESS TENTATIVE TIMELINE:

1. September – Announcement Opens
2. November – Announcement Closes
3. Oct/Nov/Dec – Apprentice written exams
4. Jan/Feb– Craft Specific Application Rating
5. March – Apprentice Interviews
6. April – Selections
7. June – Hire Date (June 13, 2005)

AM I QUALIFIED?

SELECTIVE PLACEMENT FACTOR: These positions have a selective factor that will serve as a screen-out element. Applicants who do not show evidence of meeting this selective factor will be rated as not qualified.

Applicants must submit a copy of their complete employment driving record (obtained from the Dept. of Motor Vehicles or equivalent State agency) covering the past 3 years and dated within the last 3 months), along with their application. Candidates with a poor driving record* and/or revocation of license will be immediately disqualified from consideration.

***Disqualifying driving records:** Within the past three years, any of the following conditions disqualify an applicant for a U.S. Government Motor Vehicle Authorization: A. Conviction for operating a motor vehicle under the influence of alcohol or a controlled substance. B. Conviction for leaving the scene of an accident without making his or her identity known. C. Suspended, revoked, or cancelled driver's license. D. Any recurrent record of auto accidents/incidents, traffic violations, or arrests, which demonstrate that the driver does not have an adequate sense of responsibility. This may be shown by any of the following: Conviction for fleeing or attempting to elude a police officer; conviction for a felony involving the use of a motor vehicle; 2 or more accidents in which the driver was at fault; 2 or more excessive speeding violations (15 miles per hour or more over the posted speed limit.); or 4 or more moving violations.

HOW WILL MY APPLICATION BE EVALUATED AND REFERRED?

You will be evaluated on the basis of experience, education, and training as they relate to the elements listed below. You must complete the attached **Supplemental Questionnaire for Electrical Apprenticeships** that addresses the following elements: 1) Willingness and ability to perform the duties of Electrical Apprentice and Journeyman under various working conditions; 2) Ability to follow instructions; 3) Dexterity and Safety; 4) Ability to use prints and drawings; and 5) Ability to use and maintain tools. Experience/training shown in your supplemental questionnaire must be reflected in your application

- All applicants will be required to pass a written aptitude examination prepared by the Office of Personnel Management to be considered for a position. All applicants **will be notified** of their eligibility (or non-eligibility) to test, and of the dates, times and locations of testing.
- Applicants will be evaluated on the basis of the information contained in their application, written test results, and the attached Supplemental Questionnaire for Electrical Apprenticeships.
- Candidates considered to be best qualified on the above-mentioned job elements may be further evaluated by an interview with the Apprentice Craft Committee for the applicable craft(s).

WORKING CONDITIONS: Working conditions vary depending on the specific apprentice craft and tasks assigned. Some or all of the following conditions may apply: Work may be performed outside in all weather conditions during the day or night. System priorities may require extended periods of overtime, including working weekends. Work may be performed around energized equipment, and at various heights that may be in excess of 100 feet, such as on steel framework, platforms, and ladders adjacent to energized high-voltage equipment. At times, work may be physically demanding, and the work environment will occasionally include high noise levels or exposure to hazardous substances such as mercury, acids, radiation, solvents, PCB's, etc. Electrical apprentices can expect to be in a travel status a substantial amount of time (varies depending on craft) since assignments away from the headquarters will be required (may be up to 6 months in duration) to complete some work processes.

PHYSICAL REQUIREMENTS: Incumbents must be physically and mentally able to efficiently perform the duties of the position, with or without reasonable accommodation, without hazard to themselves or others. Depending on the craft and tasks assigned, work may require some or all of the following: Extensive bending, pushing, pulling, reaching, and climbing; occasional crawling; and working in cramped confined positions. Walking long distances over rugged terrain. The ability to grip and hold lines and ropes with 75 to 90 pounds of weight attached and the ability to work with small components. Working around machinery with moving parts. Strenuous tasks that include loading or unloading crates or other equipment weighing up to 75 pounds. The ability to work at heights that may be in excess of 535 feet. The ability to perform work under varying terrain and climatic conditions. Good distance vision in at least one eye and the ability to read printed material the size of typewritten characters. The ability to distinguish different electrical components based on color coding. The ability to hear the conversational voice. The ability to clearly communicate. Extensive day and night driving. The ability to move and position loads weighing up to 120 pounds. The ability to wear protective apparel that includes respirators. Working with both arms overhead. Working alone under stressful situations requiring exacting procedures and the pressure of emergencies.

HOW TO APPLY:

BPA's [Application Package Checklist](#) and [Frequently Asked Questions \(FAQ's\)](#) will assist you in preparing and ensuring your application package is complete. The checklist is for your personal use only (please do not submit it with your application). You can access BPA's Apprentice Website for more information about the Apprentice Program. The link is: [Apprentice Program](#).

Submit your application with the supplemental information listed below:

- Submit your resume, [Optional Application for Federal Employment \(OF-612\)](#), or other written application format of your choice that fully describes your education and experience.
- If eligibility to apply is based on military service (VEOA, VRA, 30% or more disabled veteran), you must submit Member 4 copy of Military Discharge Papers, DD-214 (**REQUIRED**); and (if applicable): Letter of compensable disability dated within the last 12 months).
- Completed Supplemental Questionnaire for Electrical Apprenticeships is **REQUIRED**. Be sure that you indicate which apprenticeship position(s) you are applying for on the 1st page of the supplemental. An electronically fillable form can be downloaded from the following location [www.jobs.bpa.gov/How_To_Apply/Electrical Apprentice Supplemental Questionnaire.doc](http://www.jobs.bpa.gov/How_To_Apply/Electrical_Apprentice_Supplemental_Questionnaire.doc)
- DOE F 1600.7e, Applicant Disability, Race/National Origin and Sex Identification form (attached or may be accessed at: <http://www.directives.doe.gov/pdfs/forms/1600-7.pdf>)
- [OF-306](#) (revised 1/01), Declaration for Federal Employment (**attached**).
- Employment Driving record abstract for past three (3) years (obtained from the Dept. of Motor Vehicles or equivalent State agency, dated within the last 3 months). (**REQUIRED**)
- Copy of Notification of Personnel Action (SF-50). **REQUIRED** if you are a current or former Federal employee.

INFORMATION WE REQUIRE IN ORDER TO PROCESS YOUR APPLICATION*:

1. Announcement number, title, and grade of the position for which you are applying. **PLEASE CHECK WHICH APPRENTICE POSITION(S) YOU ARE APPLYING FOR (ON THE FIRST PAGE OF THE ATTACHED SUPPLEMENTAL QUESTIONNAIRE FOR APPRENTICESHIP POSITIONS).**
2. Your full name, mailing address, day and evening telephone number, and e-mail address (if applicable).
3. Your Social Security Number.
4. Country of citizenship.
5. Work experience (Paid and non-paid experience related to the job for which you are applying. Include job title (PLEASE INCLUDE SERIES AND GRADE IF FEDERAL JOB), duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (including month and year), salary, hours worked per week, salary).
6. Indicate if we may contact your current supervisor.
7. A list of other job related training, skills (for example, languages, tools, machinery, typing speed, etc.), certificates and licenses, honor societies, awards, professional membership, publications, leadership activities, performance awards, etc.
8. 2 –3 references that can verify the work experience information provided in your application or resume. Please include names, titles, and current contact information. (BPA requires reference checks prior to appointment).

*** All application materials MUST be submitted by the closing date of the announcement - we will not contact you for missing information and will assess your application based only on information received by the closing date. Please retain a copy of your application as BPA does not return applications or provide copies.**

DOES BPA PROVIDE REASONABLE ACCOMMODATIONS FOR APPLICANTS WITH A DISABILITY?

Yes. If you need a reasonable accommodation for any part of the application and hiring process, please contact BPA's Human Resources Specialist, PJ Johns at 503-230-3000. Decisions for granting reasonable accommodation will be on a case-by-case basis. For more information on Federal employment for the disabled, please visit DisabilityInfo.gov.

WHERE DO I SEND MY APPLICATION?

Your complete application must be received no later than 12 midnight Pacific Standard (PST) of the closing date to be accepted. Applications submitted by fax or e-mail must be time/date stamped or electronically postmarked at point of origin no later than 12 midnight. Applicants will be notified of receipt of their application package

Mail:

Bonneville Power Administration, ATTN: Personnel Services – CHP/CSB-2, PO Box 491, Vancouver, WA 98666

Personal Delivery:

Vancouver, WA: 2401 NE Minnehaha Street, Vancouver, WA 98663
Portland, OR: 905 NE 11th Avenue, Portland, OR 97232

Fax: Fax your application to (360) 418-2063. Applicants are responsible for ensuring that application materials transmit successfully. Please include a request for confirmation and the manner in which you would like to be contacted on the fax cover sheet if you desire confirmation.

Email:

Send your application as email attachments to jobs@bpa.gov. The announcement number must be included in the subject line of the email. Applicants who apply by email will receive an email confirmation.

Required forms may be sent as email attachments, may be faxed, or sent as hard copy. Application materials provided by different means must be cross-referenced so they may be combined after they arrive. Applicants are responsible for ensuring that application materials are formatted in a manner that will transmit successfully.

INFORMATION FOR DISPLACED FEDERAL EMPLOYEES: Displaced or surplus employees who may be entitled to consideration under CTAP/ICTAP must meet the OPM and BPA requirements for consideration and be considered "well-qualified. In order to receive consideration, displaced/surplus employees must apply for consideration. For additional information, please refer to [CAREER TRANSITION ASSISTANCE PROGRAM \(CTAP\)/AND INTERAGENCY CAREER TRANSITION ASSISTANCE PROGRAM \(ICTAP\)](#).

If you have questions, or need a hard copy of information in this vacancy announcement, please call the Employment Center at any of the following numbers:

Toll Free
1-877-282-3713

Vancouver, WA
360-418-2090

Portland, OR
503-230-3055

Website addresses

Application Package Checklist	www.jobs.bpa.gov/Application%20Package%20Checklist.doc
Optional Application Form (OF-612)	www.opm.gov/forms/pdf_fill/of0612.pdf
Optional Form 306	www.opm.gov/forms/pdf_fill/of0306.pdf
Supplemental Questionnaire-Electrical Apprentice	www.jobs.bpa.gov/How_To_Apply/Electrical_Apprentice_Supplemental_Questionnaire.doc
BPA Benefits	www.jobs.bpa.gov/benefits
Disability Information	www.DisabilityInfo.gov
Frequently Asked Questions	www.jobs.bpa.gov/faq.htm

**THE BONNEVILLE POWER ADMINISTRATION IS A HARASSMENT FREE
WORKPLACE.**

Bonneville Power Administration selections are based on merit and are accomplished without regard to political, religious, or union affiliation or non-affiliation, marital status, race, color, national origin, sex, sexual orientation, age, or non-disqualifying physical disability. Selections will not be based upon personal relationships, patronage, or nepotism.

EOE

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION
(Please read the Instructions and Privacy Act Statement before completing this form)

OMB Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Office of Information Resources Management Policy, Plans, and Oversight, Records Management Division, HR-422-GTN, Paperwork Reduction Project (1910-0600), U.S. Department of Energy, 1000 Independence Avenue, S.W., Washington, DC 20585; and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-0600), Washington, DC 20503.

PRIVACY ACT STATEMENT

This data is being collected to plan and evaluate the agency's recruitment of persons with disabilities, minorities and women, and to help ensure that agency personnel practices meet the requirements of Federal law and regulation. The data you supply will be used for statistical analysis only. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY. Failure to provide this information will have no effect on the processing of your application for Federal employment. Individual personnel selections are not made based on this information.**

Authority: Sections 1302, 3301, 3302, 3304 and 7201 of Title 5n of the U.S. Code; Section 2000e of Title 42 U.S. Code: and Section 791 of Title 29 of the U.S. Code.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 (November 22, 1943), which requires agencies to use the SSN as the means for identifying individuals in Personnel information systems. It will be used only for that purpose. Submission of your SSN is voluntary and failure to furnish your SSN on this form will have no effect on your application.

Vacancy Announcement Number	Position Title, Series, Grade
Name (Last, First, Middle Initial)	Social Security Number
Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	

SECTION A. DISABILITY STATUS ☐

A person is disabled if he or she has a physical or mental impairment, which substantially limits one or more major life activities. Please read the disability descriptions below and then write the two-digit numeric code in the box above which best describes your disability, if any. If you have more than one disability, choose the one which results in the most substantial limitation.

NOTE: Please place only ONE two-digit code number in the box.

05. I do not have a disability
16. Total deafness in both ears, with or without understandable speech.
23. Inability to read ordinary size print, not correctable by glasses (can read oversize print or use assisting device)
25. Blind in both eyes (no usable vision, may have some light perception).
28. Missing one arm or one leg.
33. Missing hands or both arms or both feet or both legs.
35. Missing one hand or arm and one foot or leg.
64. Partial paralysis of both hands. Partial paralysis of both legs, any part, or both arms, any part.
65. Partial paralysis of both legs, any part, or both arms, any part.
67. Partial paralysis of one side of the body, including one arm and one leg.

(02-94)

APPLICANT DISABILITY, RACE/NATIONAL ORIGIN AND SEX IDENTIFICATION

68. Partial paralysis of three or more major parts of the body (arms and legs)
71. Complete paralysis of both hands or both arms or both legs.
72. Complete paralysis of one arm or one leg.
76. Complete paralysis of lower half of body, including legs.
77. Complete paralysis of one side of body, including one arm and one leg.
78. Complete paralysis of three or more major parts (of body) (arms and legs).
82. Convulsive disorder (e.g. epilepsy).
90. Mental retardation (a chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a state vocational rehabilitation agency).
91. Mental or emotional illness (a history of treatment for mental or emotional problems).
92. Severe distortion of limbs and/or spine (e.g. dwarfism, severe distortion of the back).
06. I have a disability, but it is not listed above. Describe:

SECTION B. RACE/NATIONAL ORIGIN

The categories below provide descriptions of race and national origins. Read the descriptions and then check the box next to the category with which you identify yourself. If you are a mixed race and/or national origin, select the category with which you identify yourself. NOTE: Please mark only ONE box.

- | | | |
|--------------------------------------|--------------------------|---|
| A. American Indian or Alaskan Native | <input type="checkbox"/> | A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation. |
| B. Asian or Pacific Islander | <input type="checkbox"/> | A person having origins in any of the original peoples of the Far East, Southeast Asia, the India subcontinent, or the Pacific Islands. For example: China, India, Japan, Korea, the Philippine Islands, Samoa and Vietnam. |
| C. Black, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the black racial groups of Africa. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. |
| D. Hispanic | <input type="checkbox"/> | A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. This does not include persons of Portuguese culture or origin. |
| E. White, not of Hispanic origin | <input type="checkbox"/> | A person having origins in any of the original peoples of Europe, North Africa or the Middle East. This does not include persons of Mexican, Puerto Rican, Cuban, Central or South American cultures or origins. |
| F. Other | <input type="checkbox"/> | A person not included in the above categories. |

In order for us to assess the effectiveness of our Recruitment efforts please identify how you learned about this job by marking the appropriate box and providing the name of the source:

- | | | | |
|--|---------------------------------------|--|--|
| <input type="checkbox"/> Internet web-site | <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Trade Journal | <input type="checkbox"/> Other (Please indicate) |
|--|---------------------------------------|--|--|

Declaration for Federal Employment

GENERAL INFORMATION

1. **FULL NAME** (First, middle, last)

2. **SOCIAL SECURITY NUMBER**

3. **PLACE OF BIRTH** (Include City and State or Country)

4. **DATE OF BIRTH** (MM/DD/YY)

5. **OTHER NAMES EVER USED** (For example, maiden name, nickname, etc.)

6. **PHONE NUMBERS** (Include Area Codes)
DAY
NIGHT

Selective Service Registration

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must register with the Selective Service System, unless you meet certain exemptions.

7a. Are you a male born after December 31, 1959? ☐ YES

☐ NO If "NO" skip 7b and 7c. If "YES" go to 7b.

7b. Have you registered with the Selective Service System? ☐ YES

☐ NO If "NO" go to 7c.

7c. If "NO", describe your reason(s) in item #16.

MILITARY SERVICE

8. Have you served in the United States Military?

☐ YES Provide information below

☐ NO

If you answered "YES", list the branch, dates, and type of discharge for all active duty.

If your only active duty was training in the Reserves or National Guard, answer "NO".

BRANCH	FROM MM/DD/YYYY	TO MM/DD/YYYY	TYPE OF DISCHARGE

BACKGROUND INFORMATION

For all questions, provide all additional requested information under item 16 or on attached sheets. The circumstances of each event you list will be considered. However, in most cases you can still be considered for Federal jobs.

For questions 9, 10, and 11, your answers should include convictions resulting from a plea of nolo contendere (*no contest*), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law (4) any conviction set aside under the Federal Youth Corrections Act or similar State law, and (5) any conviction whose record was expunged under Federal or State law.

9. During the last 10 years, have you been convicted, been imprisoned, been on probation, or been on parole? (Includes felonies, firearms or explosives, violations, misdemeanors, and all other offenses.) If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Have you been convicted by a military court-martial in the past 10 years? (If no military service, answer "NO".) If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and the name and address of the military authority or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you now under charges for any violation of law? If "YES", use item 16 to provide the date, explanation of the violation, place of occurrence, and name and address of the police department or court involved.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. During the last 5 years, were you fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management? If "YES", use item 16 to provide the date, an explanation of the problem and reason for leaving, and the employer's name and address.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Are you delinquent on any Federal debt? (Includes delinquencies arising from Federal taxes, loans overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans such as student and home mortgage loans.) If "YES", use item 16 to provide the type, length, and amount of the delinquency or default, and steps that you are taking to correct the error or repay the debt.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Declaration for Federal Employment

Electronic Form Approved

by CILR 07/24/02

ADDITIONAL QUESTIONS

14. Do any of your relatives work for the agency or organization to which you are submitting this form? (Includes father, mother, husband, wife, son, daughter, brother, sister, uncle, aunt, first cousin, nephew, niece, father-in-law, mother-in-law, son in-law, daughter-in-law, brother-in-law, sister-in-law, stepfather, stepson, stepdaughter, stepbrother, stepsister, halfbrother, and halfsister.) If "YES", use item 15 to provide the name, relationship, and the Department, Agency, or Branch of the Armed Forces for which your relative works.

YES

☐

NO

☐

15. Do you receive, or have you ever applied for, retirement pay, pension, or other pay based on military, Federal civilian, or District of Columbia Government service?

YES

☐

NO

☐

CONTINUATION SPACE/AGENCY OPTIONAL QUESTIONS

16. Provide details requested items 7 through 15 and 18c in the continuation space below or on attached sheets. Be sure to identify attached sheets with your name, Social Security Number, and item number, and to include ZIP Codes in all addresses. If any questions are printed below, please answer as instructed (these questions are specific to your position and your agency is authorized to ask them).

CERTIFICATIONS/ADDITIONAL QUESTIONS

APPLICANT: If you are applying for a position and have not yet been selected, carefully review your answers on this form and any attached sheets. When this form and all attached materials are accurate, read item 17, and complete 17a.

APPOINTEE: If you are being appointed, carefully review your answers on this form and any attached sheets, including any other application materials that your agency has attached to this form. If any information requires correction to be accurate as of the date you are signing, make changes on this form or the attachments and/or provide updated information on additional sheets, initialing and dating all changes and additions. When this form and attached materials are accurate, read item 17, and answer 18a, 18b, and 18c as appropriate.

17. I certify that, to the best of my knowledge and belief, all of the information on and attached to this Declaration for Federal Employment, including any attached application materials, is true, correct, complete, and made in good faith. I understand that a false or fraudulent answer to any question on any part of this declaration or its attachments may be grounds for not hiring me, or for firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated for purposes of determining eligibility for Federal employment by as allowed by law or Presidential order. I consent to the release of information about my ability and fitness for Federal employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel specialists, and other authorized employees of the Federal Government. I understand that for financial or lending institutions, medical institutions, hospitals, health care professionals, and some other sources of information, a separate specific release may be needed, and I may be contacted for such a release at a later date.

17a. Applicant's Signature:

(Sign in ink) Date _____

17b. Appointee's Signature:

(Sign in ink) Date _____

APPOINTING OFFICER:

Enter Date of Appointment or
Conversion (mm/dd/yyyy)

18. **Appointee (Only Respond only if you have been employed by the Federal Government before):** Your elections of life insurance during previous Federal employment may affect your eligibility for life insurance during your new appointment. These questions are asked to help your personnel office make a correct determination.

18a. When did you leave your last Federal job? MM / DD / YYYY

DATE:

18b. When you worked for the Federal Government the last time, did you waive Basic Life Insurance or any type of optional life insurance?

YES

☐

NO

☐

DO NOT KNOW

☐

18c. If you answered "Yes" to item 18b, did you later cancel the waiver(s)? If your answer to item 18c is "No", use item 16 to identify the type(s) of insurance for which waivers which were not cancelled.

Yes

☐

No

☐

DO NOT KNOW

☐

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

FORM APPROVED
OMB No. 3206-0219
Electronic Form Approved by CGIR
03/31/98 (VB)

You may apply for most jobs with a resume, this form, or other written format. If your resume or application **does not provide** all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1. Job title in announcement		2. Grade(s) applying for	3. Announcement number
4. Last name	First and middle names		5. Social Security Number
6. Mailing address			7. Phone numbers (include area code)
City			Daytime
State			Evening
ZIP Code			

WORK EXPERIENCE

8. Describe your paid and nonpaid work experience related to the job for which you are applying. Do **not** attach job **descriptions**.

A) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number
Describe your duties and accomplishments				

B) Job title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary	per	Hours per week
		\$		
Employer's name and address				Supervisor's name and phone number
Describe your duties and accomplishments				

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

Electronic approved by
CGIR - 03/31/98 (VB)

9. May we contact your current supervisor?

YES ☐ NO ☐ → If we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10. Mark highest level completed. Some HS ☐ HS/GED ☐ Associate ☐ Bachelor ☐ Master ☐ Doctoral ☐

11. Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12. Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

A) Name			Total Credits Earned		Major(s)	Degree (if any)	Year Received
			Semester	Quarter			
City	State	ZIP Code					
B) Name							
City	State	ZIP Code					
C) Name							
City	State	ZIP Code					

OTHER QUALIFICATIONS

13. **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

GENERAL

14. Are you a U.S. citizen? YES ☐ NO ☐ → Give the country of your citizenship.

15. Do you claim veterans' preference? NO ☐ YES ☐ → Mark your claim of 5 or 10 points below.

5 points ☐ → Attach your DD 214 or other proof. 10 points ☐ → Attach an Application for 10-Point Veterans' Preference (SF15) and proof required.

16. Were you ever a Federal civilian employee?
NO ☐ YES ☐ → For highest civilian grade give:

Series	Grade	From (MM/YY)	To (MM/YY)

17. Are you eligible for reinstatement based on career or career-conditional Federal status?
NO ☐ YES ☐ → If requested, attach SF 50 proof.

APPLICANT CERTIFICATION

18. I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated.

SIGNATURE

DATE SIGNED

GENERAL INFORMATION

- You may apply for most Federal jobs with a resume, the attached *Optional Application for Federal Employment* or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.
- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at **912-757-3000**, **TDD 912-744-2299**, by computer modem **912-757-3100**, or via the Internet (Telnet only) at **FJOB.MAIL.OPM.GOV**.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight, other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks, and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulations; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public and private organizations including news media that grant or publicize employee recognition and awards; and the Merit System Protection Board, the Office of Special Counsel, the Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.
- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and receiving the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden, to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

United States Department of Energy
Bonneville Power Administration
Supplemental Questionnaire for all

Electrical Apprenticeships

Name

Social Security Number

Street Address/P.O. Box

City/State

Zip Code

Telephone (Day)

(Evening/Cellular)

Electronic-mail address

Please check the box(s) for all electrical apprenticeship
positions for which you are applying:

☐ Apprentice Electrician

☐ Apprentice Substation Operator

☐ Apprentice Lineman

Applicant Foreword: The completion of this supplemental questionnaire is mandatory. The information requested is needed to evaluate your relative ability to perform the duties of an electrical apprentice. Please fully complete the entire questionnaire answering each question completely and accurately. Your responses must reflect your actual knowledge and skills. You can obtain an electronic version (can be completed using a personal computer) of this form on BPA's jobs web page at http://www.jobs.bpa.gov/How_To_Apply/forms.cfm. If completing the question electronically, it is recommended that you do NOT use all capital letters since this will significantly reduce the amount of space available for you to record your answers.

Drug and Alcohol Testing Notice: In accordance with DOE Order 3792.3, this position is subject to random drug testing. If offered a position, you will be tested for the use of illegal drugs prior to beginning work, and are subject to periodic unannounced random drug testing while employed. A determination of illegal drug use will result in non-selection and withdrawal of an employment offer, based upon your failure to meet a condition of employment. While employed, failure to pass a random or post-accident drug test may result in disciplinary action, up to and including removal from the Federal Service. If the position you are selected for requires the operation of equipment requiring a commercial driver's license (CDL), you are subject to random alcohol testing under Department of Transportation regulations.

Privacy Act Information: The Bonneville Power Administration is authorized to evaluate applicants for Federal jobs under the provisions of Title 5, United States Code, chapter 11, sections 1104, 1302, 3301, and 3304. The information you provide will be used to determine your qualifications for these positions. If you do not complete the information listed, we will be unable to rate your application, and you will not be considered for these positions. Your Social Security Number is required to keep your records straight as other people may have the same name and birthday.

Working Conditions – The nature of electrician, lineman and substation operator work require that applicants are willing and able to perform the duties of electrical apprentice and journeyman occupations under various working conditions. Please indicate whether you will work under the conditions listed below. *If you are unwilling to work under these conditions, you will receive NO further consideration for these positions.*

Yes	No	Work Condition	Yes	No	Working Condition
<input type="checkbox"/>	<input type="checkbox"/>	Work with frequent overnight travel (11 or more nights per month)	<input type="checkbox"/>	<input type="checkbox"/>	Work from high places (15 feet and above)
<input type="checkbox"/>	<input type="checkbox"/>	Work when subject to emergency call-outs (i.e., call to perform emergency work outside normal working hours)	<input type="checkbox"/>	<input type="checkbox"/>	Work around hazardous materials (i.e., solvents, PCB's, chemicals, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	Work extended periods of overtime, including working weekends.	<input type="checkbox"/>	<input type="checkbox"/>	Work around herbicides/pesticides
<input type="checkbox"/>	<input type="checkbox"/>	Work under varying climatic (rain, snow, ice, high winds, etc.) conditions	<input type="checkbox"/>	<input type="checkbox"/>	Work with a team or as a member of a crew
<input type="checkbox"/>	<input type="checkbox"/>	Work around energized high voltage (above 12.5kv) equipment.	<input type="checkbox"/>	<input type="checkbox"/>	Work in close and confined places
<input type="checkbox"/>	<input type="checkbox"/>	Work around moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	Work with respirator or full face mask
<input type="checkbox"/>	<input type="checkbox"/>	Work from ladders and scaffolds	<input type="checkbox"/>	<input type="checkbox"/>	Work alone in isolated locations

Name**Instructions**

This form will be used to collect information pertaining to your knowledge, skill, and ability for some of the job elements for the position(s) for which you are applying. The intent of the questionnaire is *not* to measure your ability to write; therefore, if a question can be answered with a simple “Yes” or “No,” you should do so. If you answer, “Yes,” you will be asked to write a short descriptive explanation. If you fail to provide an explanation for an answer you will not receive credit for the response. If you use pen and ink to complete the questionnaire, be sure that your responses are legible. Each question should be completed separately, so DO NOT “ditto marks” or references to answers in other questions. If you need more space to complete an answer, indicated continued on *page 8*, and use the space provided to complete your answer. You’re advised that statements made on your resume, application, and this form are be subject to verification by contact with former employers.

“WHEN” can be answered by month and year, e.g., October 1968, or if covering several years for example, by “09/68 - 10/72.”

“HOW MANY HOURS” OR “HOW OFTEN” can be answered, for example, by writing “full-time,” or the total approximate number of hours, weeks or months spent performing the particular activity.

“WHO FOR,” “WHAT COMPANY,” OR “WHERE” can be answered by name of school attended, company, or employer, or “at home” or “self.”

“PURPOSE,” “METHOD,” “HOW,” etc., can be answered sometimes by very few words, such as “used broom to sweep out work area.”

Disqualifying Driving Records

Within the past **THREE** years, any of the following conditions **disqualify** an applicant for a U. S. Government Motor Vehicle Authorization and the position(s) for which you are applying:

1. Conviction for operating a motor vehicle under the influence of alcohol or a controlled substance.
2. Conviction for leaving the scene of an accident without making his or her identity known.
3. Driver license suspended, revoked, or canceled.
4. Any recurrent record of auto accidents/incidents, traffic violations, or arrests, which demonstrates that the employee does not have an adequate sense of responsibility. This may be shown by any of the following:
 - Conviction for fleeing or attempting to elude a police officer.
 - Conviction for a felony involving the use of a motor vehicle.
 - Two or more accidents in which the applicant was at fault.
 - Two or more excessive speeding violations (15 miles per hour or more over the posted limit.)
 - Four or more moving violations

 Name

Element 2 – Ability to Follow Instructions			
Questions	Yes	No	Briefly describe the task (i.e., what you were doing); how you received your instructions (verbal, visual, or written) OR type of equipment you were using (<i>Questions 1 through 9</i>)
1. Have you ever operated equipment, which required that you perform functions in a precise sequence?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever participated in a work or other activity where the use of specialized terminology was required?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you been responsible for cleaning and maintaining tools or shop equipment?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you ever participated in any activity that required you to perform a sequence of tasks as directed by another individual or entity?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you performed inventory or been responsible for supply stock?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you had to perform detailed planning and investigation to complete a job or other activity?	<input type="checkbox"/>	<input type="checkbox"/>	

 Name

Element 2 – Ability to Follow Instructions (Continued)			
Questions	Yes	No	Briefly describe the task (i.e., what you were doing); how you received your instructions (verbal, visual, or written) OR type of equipment you were using (<i>Questions 1 through 9</i>)
7. Have you performed equipment inspection tasks that included reading gauges, meters, or dials?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you been responsible for compiling and maintaining records?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Have you used instruction books or manuals to complete tasks?	<input type="checkbox"/>	<input type="checkbox"/>	

Question	Yes	No	Briefly describe the curriculum and the approximate number of hours completed.
10. Did you satisfactorily complete a technical school (e.g., military, lineman, etc.) or vocational high school curriculum? If so, describe the program or curriculum.	<input type="checkbox"/>	<input type="checkbox"/>	
11. Have you had training in other technical areas such as in the military, private contractor, etc? If so, describe the type of training received.	<input type="checkbox"/>	<input type="checkbox"/>	

Name

Element 3 – Dexterity and Safety			
Question	Yes	No	Description
1. Have you worked for an employer with an established formal safety program (i.e., published safety manuals, procedures, etc.)? If so, please briefly describe the program.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever received an award or other recognition for your ability to work safely?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Have you had any safety related training (CPR, first aid, work procedures, etc.). If so, please describe the type of training, approximate dates, and number of hours.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have you, in the last 5 years, had an on-the-job accident or injury, which resulted in you missing work or school? If so, give dates of accident(s)/injuries, details of the circumstances that caused the accident/injury.	<input type="checkbox"/>	<input type="checkbox"/>	
5. Have you had a job that required you to work from heights and/or have you worked from heights in a non-job related activity? If so, describe in detail the type of work or non-job related activity, <u>including the approximate heights</u> from which you have worked.	<input type="checkbox"/>	<input type="checkbox"/>	

Name

Element 4 – Ability to use prints and drawings			
Have you used the following drawings/ diagrams	Yes	No	Describe how you have “used” the drawings/diagrams and for what purpose. If you have completed courses/training, indicate the title of the course (no course codes), type of school/training (e.g., trade school, military, correspondence, etc.) course length (number of hours), course description, and if you successfully completed the course.
1. Electrical wiring diagrams	<input type="checkbox"/>	<input type="checkbox"/>	
2. Schematic diagrams	<input type="checkbox"/>	<input type="checkbox"/>	
3. Electronic drawings	<input type="checkbox"/>	<input type="checkbox"/>	
4. One-line diagrams	<input type="checkbox"/>	<input type="checkbox"/>	
5. Mechanical/Construction blueprints	<input type="checkbox"/>	<input type="checkbox"/>	
6. Maps (road, topographic, physical, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	

Have you taken courses in the following?	Yes	No	If you have completed courses/training, indicate the title of the course (no course codes), type of school/training (e.g., trade school, military, correspondence, etc.) course length (number of hours), course description, and if you successfully completed the course.
7. AC Theory	<input type="checkbox"/>	<input type="checkbox"/>	
8. DC Theory	<input type="checkbox"/>	<input type="checkbox"/>	

 Name
Element 5 – Ability to Use Tools (Part A)**Instructions:** Check the box next to any of the following hand tools that you have used.

<input type="checkbox"/>	1. Screw Drivers	<input type="checkbox"/>	10. Hand Saws	<input type="checkbox"/>	19. Rakes	<input type="checkbox"/>	28. Hand Drill
<input type="checkbox"/>	2. Hammers	<input type="checkbox"/>	11. Pipe Wrench	<input type="checkbox"/>	20. Axe or Hatchet	<input type="checkbox"/>	29. Hand Sander
<input type="checkbox"/>	3. Pliers	<input type="checkbox"/>	12. Vise/Clamps	<input type="checkbox"/>	21. Taps and Dies	<input type="checkbox"/>	30. Files/Rasps
<input type="checkbox"/>	4. Open-end wrenches	<input type="checkbox"/>	13. Paint Brushes	<input type="checkbox"/>	22. Side Cutters	<input type="checkbox"/>	31. Tin Snips
<input type="checkbox"/>	5. Socket wrenches	<input type="checkbox"/>	14. Paint Rollers	<input type="checkbox"/>	23. Rulers	<input type="checkbox"/>	32. Hot Glue Gun
<input type="checkbox"/>	6. Chisels/Punches	<input type="checkbox"/>	15. Ladders	<input type="checkbox"/>	24. Levels	<input type="checkbox"/>	33. Staple Gun
<input type="checkbox"/>	7. Tape Measure	<input type="checkbox"/>	16. Design Templates	<input type="checkbox"/>	25. Knife Sharpener	<input type="checkbox"/>	34. Miter Box
<input type="checkbox"/>	8. Adjustable Wrenches	<input type="checkbox"/>	17. Drawing Compass	<input type="checkbox"/>	26. Scribes/Awls	<input type="checkbox"/>	
<input type="checkbox"/>	9. Squares	<input type="checkbox"/>	18. Shovels	<input type="checkbox"/>	27. Chalk Line	<input type="checkbox"/>	

Part A – Section 2: Describe two or three tasks or projects where you have used some of the tools you’ve checked in Part A above.**Element 5 – Ability to Use Tools (Part B)****Instructions:** Check the box next to any of the following power tools or equipment that you have used.

<input type="checkbox"/>	1. Circular Saw	<input type="checkbox"/>	7. Power Drill	<input type="checkbox"/>	13. Bench Grinder	<input type="checkbox"/>	19. Lawn Mower
<input type="checkbox"/>	2. Table Saw	<input type="checkbox"/>	8. Drill Press	<input type="checkbox"/>	14. Arc Welders	<input type="checkbox"/>	20. Weed Trimmer
<input type="checkbox"/>	3. Band Saw	<input type="checkbox"/>	9. Hydraulic Presses	<input type="checkbox"/>	15. Oxyacetylene (gas) welders	<input type="checkbox"/>	21. Tiller
<input type="checkbox"/>	4. Chain Saw	<input type="checkbox"/>	10. Wood/Metal Lathe	<input type="checkbox"/>	16. Soldering Iron	<input type="checkbox"/>	22. Personal Computer
<input type="checkbox"/>	5. Jig Saw	<input type="checkbox"/>	11. Dremel Tools	<input type="checkbox"/>	17. Sewing Machine	<input type="checkbox"/>	
<input type="checkbox"/>	6. Power Sander	<input type="checkbox"/>	12. Router	<input type="checkbox"/>	18. Vacuum Cleaner	<input type="checkbox"/>	

Part B – Section 2: Describe two or three tasks and/or projects where you have used some of the tools described in Part B above.

Name

[illegible]